

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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12-12-18

18 DEC -7 P2:29

2019 REGISTRATIONLobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Tagayun, Carol, Yvonne		
LOBBYIST FIRM/EMPLOYER (if applicable) AT&T		TELEPHONE 714-624-0943
MAILING ADDRESS (No. and Street or P.O. Box) 16331 NE 72nd Way		FAX
		EMAIL ct1417@att.com
(City) Redmond	(State) WA	(Zip Code) 98052



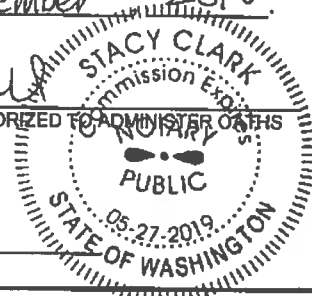
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) AT&T		TELEPHONE 714-624-0943
MAILING ADDRESS (No. and Street or P.O. Box) 16331 NE 72nd Way		FAX
		EMAIL ct1417@att.com
(City) Redmond	(State) WA	(Zip Code) 98052
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) <div style="text-align: right;"><input checked="" type="checkbox"/> Not Applicable</div>		
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS <div style="text-align: right;"><input checked="" type="checkbox"/> Not Applicable</div>		

PART II.B NO LONGER LOBBYING	
<input checked="" type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 12/7/18

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below): _____		

PART IV LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p> LOBBYIST SIGNATURE</p> <p>12/7/18 DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>7</u> day of <u>December</u>, <u>2018</u>.</p> <p>By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>5-27-2019</u></p> 
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PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
NAME OF ORGANIZATION (if applicable)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
(Signature of Authorizing Officer or Person Represented)		(Date)